IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Chang Application No. 09/701,536

Filed: June 18, 2001 Confirmation No. 5492

For: NUCLEIC ACID VACCINES FOR PREVENTION OF FLAVIVIRUS

INFECTION

Examiner: Jeffrey S. Parkin, Ph.D.

Art Unit: 1648

Attorney Reference No. 6395-64907

MAIL STOP NON-FEE AMENDMENT COMMISSIONER FOR PATENTS P.O. BOX 1450 ALEXANDRIA, VA 22313-1450

CERTIFICATE OF MAILING

I hereby certify that this paper and the documents referred to as being attached or enclosed herewith are being deposited with the United States Postal Service as First Class Mail in an envelope addressed to:

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MAIL STOP NON-FEE AMENDMENT, COMMISSIONEF FOR PATENTS, P.O. BOX 1450, ALEXANDRIA, VA 22313-1450 on the date shown below.

Attorney for Applicant(s)

Date Mailed January 20, 2004

RESPONSE TO OFFICE ACTION

This is filed in response to the Office action (lack of unity of invention) dated December 17, 2003. A one-month period for reply was set, making this Response due on or before January 17, 2004. Because that date is a Saturday, and Monday, January 19, 2004, is a federal holiday, a response filed no later than Tuesday, January 20, 2004, is timely. It is believed that no fees are required to file this response; however, if the Commissioner determines that a fee is required, deposit account authority is provided on the attached Transmittal Sheet.

Please enter this paper into the referenced application, as follows:

Remarks begin on page 2 of this Response.

The **Conclusion** is on page 4 of this Response.

TMH/YKH:smm 01/20/04



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Date Mailed January 20, 2004

TRANSMITTAL LETTER

Enclosed is an Amendment for the above application. The fee has been calculated as shown below.

| CLAIMS AS AMENDED | | | | | | | |
|--|---------------------|-------------------------|---|------------------|----------|-----|--------|
| For | No. after amendment | No. paid for previously | | Present Extra | Rate | Fee | |
| Total Claims | 42 | - 42* | = | 0 | \$18.00 | \$ | 0.00 |
| Indep. Claims | 1 | 4** | = | 0 | \$86.00 | \$ | 0.00 |
| Mult. Dep. Claims Fee (if not previously paid) | | | | | \$290.00 | | |
| One-month Extension of Time | | | | | \$110.00 | | |
| Two-month Extension of Time \$420.00 | | | | | | | |
| Three-month Extension of Time \$950.00 | | | | | | | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | | | \$0.00 |

^{*} greater of twenty or number for which fee has been paid.

^{**} greater of three or number for which fee has been paid.



No additional fee is required.

Please charge any additional fees that may be required in connection with filing this amendment and any extension of time, or credit any overpayment, to Deposit Account No. 02-4550. A copy of this sheet is enclosed.

Please return the enclosed postcard to confirm that the items listed above have been received.

Respectfully submitted,

KLARQUIST SPARKMAN, LLP

By

Tanya M. Harding, Ph.D Registration No. 42,630/

One World Trade Center, Suite 1600 121 S.W. Salmon Street Portland, Oregon 97204
Telephone: (503) 226-7391

Telephone: (503) 226-7391 Facsimile: (503) 228-9446

cc: Docketing